L11000/33760

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DIVISION OF COMPORATIONS

NOV 2 9 2012

T. HAMPTON

COVER LETTER

TO: Registration Sc Division of Cor			
	al Suite Tampa, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marylsabel Rooney		
		Name of Person	
	The Bridal Suite Tam	npa, LLC	
		Firm/Company	1. Mar. 1. Mar
	3413 West Barcelon	a Street	
		Address	
	Tampa, FL 33629		
	mfranqui63@hotmail		
	E-mail address: (t	o be used for future annual report notificati	ion)
For further information c	oncerning this matter, please c	all:	
Marylsabel Roone	у	813 732-1070 at ()	
Name o	f Person	at ()Area Code & Daytime Te	elephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

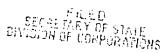
MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Bridal Suite Tampa, LLC

12 NOV 28 AMII: 48

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability L11000133760	• •	2011 and assigned
Florida document number	 ·	
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the last last last last last last last last	imited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	An annual control	
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or regressered agent and/or the new registered office a		records, <u>enter the name of the new</u>
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter 1	Torida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action Add Remove Remove Remove Remove Remove

. If a	amending any other information, en	iter change(s) here: (Attach additional sheets, if necessary.)	
Dated	November 20	2012	
	MRooner		
	Signature q MaryIsabel Rooney	a member or authorized representative of a member	
	Typed or printed name of signee		

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Filing Fee: \$25.00